



EXTENDED BENEFITS REQUEST

Injured employee's name

Social Security Number

Case file number

Agency

Date of injury

I request to be placed on extended benefits, effective _____, due to injuries received as a result of violence. Attached is a physician's statement describing the nature and extent of my disability, treatment and estimated return to work date.

I understand that I will receive my regular salary and benefits as long as I am unable to perform any work for up to a maximum of one year, without deductions from my accrued benefits. While receiving these benefits, I am not entitled to receive any salary compensation which would otherwise be due because of this injury from workers' compensation, the State Employees Retirement System of Illinois or any other insurance carried by the agency. Medical bills for examination and treatment will be processed through the Department of Central Management Services' Risk Management Division.

I further state that I am not employed by any other employer in which I receive monetary or non-monetary payment for my services. In addition, I further state that I am not serving as a volunteer with any association, organization or employer, and I understand that I cannot perform volunteer work while collecting extended benefits. I also understand that if I have requested extended benefits and I am currently employed or if I accept other employment while receiving extended benefits that the extended benefits will be terminated and disciplinary action up to and including discharge will occur.

Finally, I understand that should I be found to have received duplicate benefits, those records will be forwarded to the appropriate state's attorney for prosecution.

Employee's signature

Date

AGENCY USE ONLY

DESCRIPTION OF INJURY: _____

ATTACH THE FOLLOWING FORMS:

___ IL444-4900-1, Employees report
___ IL444-4900-2, Medical report
___ IL444-4900-3, Supervisor's report
___ IL444-4900-4, Summary of disability
___ IL444-4900-6, Witness report

___ Security Service Occurrence/incident report
___ Physician's statement
___ Investigation report
(If applicable)
___ IC-45, Employers' first report